

SEX CRIME EVIDENCE KIT CONTENTS:

Examples of envelopes and forms follow specifications

<u>ITEMS</u>	<u>QUANTITY</u> <u>EACH</u>	<u>DESCRIPTION</u>
1	1	9" x 12" manila envelope to hold kit contents, marked "Sex Crime Evidence Kit", to be sealed by vendor
2	1	8" x 5" x 15" Self - sealing paper bag marked "Sex Crime Evidence Kit" with Chain of Custody page imprinted on the bag, with Biohazard label
3	1	Sexual Assault Examination Report to be printed by vendor in black ink on NCR three part paper
4	1	5 ½ " x 7 ½" white envelope (Step 1 – Debris Collection). Print in black ink Envelope contents: 1- 15" x 17" kaydry
5	1	5 ½ " x 7 ½" white envelope (Step 2 – Oral swabs). Print in black ink Envelope contents: 1- single plastic slide holder (equivalent to Delton, Catalogue #S-100), 1- super frosted microscope slide, 2- 6" cotton tip swabs, 1 swab box (see attachment)
6	1	5 ½ " x 7 ½" white envelope (Step 3- Buccal swabs). Print in black ink Envelope contents: 2- 6" cotton tip swabs, 1 swab box (see attachment)
7	1	5 ½ " x 7 ½" white envelope (Step 4 – Body Surface). Print in black ink Envelope contents: 6- 6" cotton tip swabs, 3 swab boxes (see attachment)
8	1	5 ½ " x 7 ½" white envelope (Step 5 – Body Surface). Print in black ink Envelope contents: 6 - 6" cotton tip swabs, 3 swab boxes (see attachment)
9	1	5 ½ " x 7 ½" white envelope (Step 6 – Anal swabs). Print in black ink Envelope contents: 1- single plastic slide holder (equivalent to Delton, Catalogue #S-100), 1- super frosted microscope slide, 2- 6" cotton tip swabs, 1 swab box (see attachment)
10	1	5 ½ " x 7 ½" white envelope (Step 7 – Pubic Hair combings). Print in black ink Envelope contents: 1- 8 ½" x 11" piece of folded white paper, 1- 5" men's comb (equivalent to ICS, Catalogue #T-123)
11	1	5 ½ " x 7 ½" white envelope (Step 8 – External genital swabs). Print in black ink Envelope contents: 4- 6" cotton tip swabs, 2 swab boxes (see

12	1	attachment) 5 ½ " x 7 ½" white envelope (Step 9 - Vaginal swabs). Print in black ink Envelope contents: 1- single plastic slide holder (equivalent to Delton, Catalogue #S-100), 1- super frosted microscope slide, 4- 6" cotton tip swabs, 2 swab boxes (see attachment)
13	1	5 ½ " x 7 ½" white envelope (Step 10 – Vaginal aspirate). Print in black ink Envelope contents: 1- 15 ml conical centrifuge tube with screw top (equivalent to Falcon 352096) 1- 4" x 6" ziplock plastic bag, 1- 9" individually wrapped sterile pipette (≈2 to 3 ml)
14	1	9" x 6" white envelop (Step 11 – Blood sample). Print in red ink Envelope contents: 1- 50 ml screw top Falcon tube, 1- 5 ml EDTA vacutainer tube with an expiration date to last for at least 12 months from the date shipped
15	1	1- Self sealing Paper bag (Step 12 - Underwear) with dimensions 10" x 2" x 15". Print in black ink
16	1	1- Self Sealing Paper bag (Step 13 - Underwear) with dimensions 10" x 2" x 15". Print in black ink
17	1	One Biohazard security seal to be placed on the outside of the kit prior to shipment

DO NOT SEAL THE ENVELOPES!

Delivery and Storage Requirements:

1. The kits must be stored by the vendor and drop shipped to the requesting laboratories/agencies upon request.
2. The statewide usage per calendar year is approximately 1800 kits.

BIOLOGICAL STANDARD COLLECTION KIT CONTENTS:

<u>ITEMS</u>	<u>QUANTITY EACH</u>	<u>DESCRIPTION</u>
1	1	9" x 12" manila envelope to hold kit contents, marked "Biological Standard Collection Kit", to be sealed by vendor
2	1	8" x 5" x 15" Self - sealing paper bag with Biological Evidence and Standard Kit page imprinted on the bag, with Biohazard label
3	1	5 ½ " x 7 ½" white envelope (Step 1 – Debris Collection). Print in black ink Envelope contents: 1- 15" x 17" kaydry
4	1	5 ½ " x 7 ½" white envelope (Step 2 – Buccal swabs). Print in black ink Envelope contents: 2- 6" cotton tip swabs, 1- swab box (see attachment)
5	1	5 ½ " x 7 ½" white envelope (Step 3 – Head Hair Combing). Print in black ink Envelope contents: 1- 8 ½" x 11" piece of folded white paper, 1- black 5" men's comb (equivalent to ICS, Catalogue #T-123)
6	1	5 ½ " x 7 ½" white envelope (Step 4 – Head Hair Pulls). Print in black ink Envelope contents: 1- 8 ½" x 11" piece of folded white paper
7	1	5 ½ " x 7 ½" white envelope (Step 5 – Body Surface). Print in black ink Envelope contents: 6 - 6" cotton tip swabs, 3 swab boxes (see attachment)
8	1	5 ½ " x 7 ½" white envelope (Step 6 – Pubic Hair Combing). Print in black ink Envelope contents: 1- 8 ½" x 11" piece of folded white paper, 1- black 5" men's comb (equivalent to ICS, Catalogue #T-123)
9	1	5 ½ " x 7 ½" white envelope (Step 7 – Pubic Hair Pulls). Print in black ink Envelope contents: 1- 8 ½" x 11" piece of folded white paper
10	1	5 ½ " x 7 ½" white envelope (Step 8 – External genital swabs). Print in black ink Envelope contents: 6- 6" cotton tip swabs, 3 swab boxes (see attachment)
11	1	9" x 6" white envelope (Step 9 – Blood sample). Print in red ink Envelope contents: 1- 50 ml screw top Falcon tube, 1- 5 ml EDTA vacutainer tube with an expiration date to last for at least 12 months from the date shipped

12	1	1- Self Sealing Paper bag (Step 10 - Underwear) with dimensions 10" x 2" x 15". Print in black ink
13	1	One Biohazard security seal to be placed on the outside of the kit prior to shipment

DO NOT SEAL THE ENVELOPES!

Delivery and Storage Requirements:

1. The kits must be stored by the vendor and drop shipped to the requesting laboratories/agencies upon request.
2. The statewide usage per calendar year is approximately 400 kits.

ATTACHMENT

SWAB CARTON

IMPORTANT: Air dry swab specimen before placing in carton

-----FOLD-----

SWAB SPECIMEN TYPE: _____

-----FOLD-----

MANUFACTURED BY:

-----FOLD-----

Patient's Name _____

Date _____

Collected By _____

Date _____

Sex Crime Evidence Kit

INSTRUCTIONS TO THE INVESTIGATING OFFICER:

1. *Complete* a Laboratory Analysis Request Form.
2. If clothing not collected and packaged by Medical-Forensic Examiner: Collect and place the patient's AIR-DRIED garments that may contain evidence, in separate clean paper bags, seal and initial for submission to the Crime Laboratory.
3. A brief summary of the incident *MUST* be submitted with the evidence and the "Laboratory Analysis Request Form" form.

COLLECTION AND SEALING INSTRUCTIONS:

1. If patient is wearing the same clothing from the time of the assault, have them undress over a clean sheet. This sheet should be carefully folded and placed into a paper bag. Fold the top edge down twice and seal the entire edge with clear packing tape or evidence tape. Label the bag "Changing Sheet". Include bag as part of the evidence, but keep separate from the kit.
2. Each piece of clothing should be placed into individual paper bags. The bags are labeled with the contents. Fold the top edge down twice and seal the entire edge with clear packing tape or evidence tape. Include bag as part of the evidence, but keep separate from the kit.
3. Expiration date applies to Blood Collection Tube and Swabs. If expired, replace with the same type of tube or swabs from hospital stock.
4. Refer to the enclosed envelopes for "STEP-BY-STEP" INSTRUCTIONS. *Collect if indicated.*
ALL SWABS MUST BE DRIED IMMEDIATELY AFTER COLLECTION. Preferred drying method is using a swab drying box.
5. Urine sample is collected if the history and/or assessment yields information or findings that the patient may have been impaired by a substance and/or alcohol at the time of the assault. Collect urine and gray top blood tube if report is made within 120 hours.
6. Sealing and Labeling Instructions:
 - a. Envelopes: Place samples in appropriate envelope. DO NOT MOISTEN FLAPS TO SEAL. Seal each individual envelope with clear packing tape, evidence tape OR HOSPITAL LABEL (not scotch tape). NOTE SPECIFIC SEALING INSTRUCTIONS ON DEBRIS, PUBIC HAIR, AND BLOOD ENVELOPES. Person sealing envelopes will write their initials ACROSS THE TAPE ON TO THE ENVELOPE.
 - b. Bags and Kit: After sealing with appropriate tape, person sealing envelopes will write their initials, date and time ACROSS THE TAPE ON TO THE BAG OR KIT.
7. PUT EACH BLOOD SAMPLE IN A SEPARATE SEALED ENVELOPE AND REFRIGERATE. IF URINE IS COLLECTED, PUT IN A SEPARATE SEALED ENVELOPE AND REFRIGERATE OR FREEZE (AS REQUIRED BY AGENCY).
*** DO NOT SEAL BLOOD OR URINE IN KIT*** See instruction above and on envelope
8. Complete the Chain of custody form on the outside of the evidence bag and copy for your records. Place all envelopes (except blood and urine), along with the completed original copy of report (include ALL pages whether used or not) into the evidence bag. Seal with clear packing tape and label seal as noted in 6b.
9. REFRIGERATE or FREEZE clothing and kit. Refrigeration is acceptable for short-term storage (up to 7 days).

FORENSIC EXAMINER OR PHYSICIAN, COMPLETE THE FOLLOWING:

INVESTIGATING AGENCY:	CITY:	COUNTY:	AGENCY REPORT NUMBER:
PATIENT NAME: LAST: _____ FIRST: _____ MIDDLE: _____ (If NO middle name, check box) <input type="checkbox"/> None			DATE OF BIRTH: (mm/dd/yy) ____/____/____
DATE/TIME OF ASSAULT: ____/____/____ (mm/dd/yy) (24 hour clock)		DATE/TIME OF EXAM: ____/____/____ (mm/dd/yy) (24 hour clock)	
EXAM FACILITY: Facility: _____		City: _____ County: _____	
INVESTIGATING OFFICER: _____ LAST NAME: FIRST NAME: MI			ID #: _____

EVIDENCE COLLECTION AND SEALING: TO BE COMPLETED BY FORENSIC EXAMINER OR PHYSICIAN

CHECK ALL ITEMS THAT ARE COLLECTED:		LIST CLOTHING COLLECTED:
<input type="checkbox"/> Step 1 - Debris Collection (describe)	<input type="checkbox"/> Step 6 - Anal Swabs	
<input type="checkbox"/> Step 2 - Oral Swabs	<input type="checkbox"/> Step 7 - Pubic Hair Combing	
<input type="checkbox"/> Step 3 - Buccal Swabs	<input type="checkbox"/> Step 8 - External Genital Swabs	
<input type="checkbox"/> Step 4 - Body Surface Swabs (site)	<input type="checkbox"/> Step 9 - Vaginal Swabs	
<input type="checkbox"/> Step 5 - Body Surface Swabs (site)	<input type="checkbox"/> Step 10 - Vaginal Aspirate	
	<input type="checkbox"/> Step 11 - Blood: <input type="checkbox"/> purple <input type="checkbox"/> gray	
	<input type="checkbox"/> Step 12 - Underpants or Diaper	<input type="checkbox"/> Changing sheet
	<input type="checkbox"/> Step 13 - Bra or Other: _____	<input type="checkbox"/> Urine collected (if indicated)

CHAIN OF CUSTODY:

FROM NAME:	TO NAME:	DATE:	TIME:

- ☐ Kit seal was intact prior to use: _____ (Initials)
- ☐ Swabs and evidence dried by _____ on (date) ____/____/____ at (time) _____

Agency Name: _____
 Agency Report #: _____
 Medical Record #: _____
 Patient Name: _____
Date of Birth: ____/____/____ **Date of Exam:** ____/____/____

_____/_____/_____
Date Signature of Patient, Parent, or Guardian Signature of Witness

If patient is child, who accompanied child for exam? _____/_____
Name Relationship/Title/Agency

Exam beginning time: _____

Spoken language if other than English: _____ Translators Name: _____

Past Medical History/Surgeries: _____

Current Medications: _____

Medication Allergies: _____

Last Tetanus: _____ Hepatitis B Vaccination series? ☐ Yes ☐ No ☐ Unknown

Date of last menses (mm/dd/yy): _____ ☐ Menstruating at time of exam (Collect tampon or pad as evidence.)

Does patient use ☐ tampons? ☐ pads? ☐ other? _____

As stated by: ☐ Patient ☐ Guardian ☐ Other (Name): _____

Description Of Assault: _____ **Date of Assault:** _____ **Time of Assault:** _____

[illegible]

Did the penis penetrate: ☐ Vulva ☐ Anus ☐ Not Known ☐ No
Was there digital penetration? ☐ Vulva ☐ Anus ☐ Not Known ☐ No
Was penetration attempted, but unsuccessful? ☐ Vulva ☐ Anus ☐ Not Known ☐ No
Was there oral – genital/anal contact? ☐ Fellatio ☐ Cunnilingus ☐ Anilingus ☐ Not Known ☐ No
Was there use of foreign object? ☐ No ☐ Not Known ☐ Yes Describe: _____
Did the assailant(s) ejaculate? ☐ No ☐ Not Known ☐ Yes Where: _____
Did the assailant(s) wear a condom? ☐ No ☐ Not Known ☐ Yes
Did the assailant(s) lick/kiss/suck/bite you? ☐ No ☐ Not Known ☐ Yes Where: _____
Did the assailant(s) fondle or touch you (sexual)? ☐ No ☐ Not Known ☐ Yes Where: _____
Any form of contraception/lubricant used? ☐ No ☐ Not Known ☐ Yes Describe: _____
Identifying features of assailant(s) genitalia? ☐ No ☐ Not Known ☐ Yes Describe: _____

(Marks, sores, tattoos, piercing, size, shaved, circumcised?)

Was there any use of force? ☐ No ☐ Yes Describe: _____

Was there any use of threats? ☐ No ☐ Yes Describe: _____

Was there any use of intimidation? ☐ No ☐ Yes Describe: _____

Was a weapon used? ☐ No ☐ Yes Describe: _____

Number of assailant(s): _____ **Sex of assailant(s):** _____ **Ethnicity of assailant(s):** _____

Does patient know assailant(s)? ☐ No ☐ Yes If yes, how? _____

Examiner's Signature: _____ **Title:** _____

Patient Name: _____ Date of Examination: ____/____/____	Agency Name: _____ Agency Report #: _____
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Prior to exam/evidence collection has the patient: If exam is within 120 hours, indicate number of times for each. ☐ None Apply

<input type="checkbox"/> Urinated	<input type="checkbox"/> Showered	<input type="checkbox"/> Wiped/washed	<input type="checkbox"/> Douched	<input type="checkbox"/> Brushed teeth / used mouthwash / flossed (circle)
<input type="checkbox"/> Defecated	<input type="checkbox"/> Bathed	<input type="checkbox"/> Changed clothes	<input type="checkbox"/> Vomited	<input type="checkbox"/> Had food / drank / chewed gum (circle)

Condition of patient's clothing: Describe which article(s) of clothing and location of findings. ☐ None Apply

<input type="checkbox"/> Wet/damp	<input type="checkbox"/> Debris (i.e. grass, leaves, dirt)	<input type="checkbox"/> Missing (explain): _____
<input type="checkbox"/> Stained/soiled	<input type="checkbox"/> Torn _____	<input type="checkbox"/> Other (explain): _____

Since the assault does the patient have complaints of: (Describe complaints) ☐ None Apply

<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Discharge	<input type="checkbox"/> Pelvic pain	<input type="checkbox"/> Painful urination	<input type="checkbox"/> Anorectal pain	<input type="checkbox"/> Genital pain
<input type="checkbox"/> Headache	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Other (explain): _____		

Other than the assault, has the patient had other sexual contact in the past 120 hours (5 days)? ☐ No ☐ Yes

If Yes, indicate: Date: ____/____/____ Time: _____ Form of contraception used: _____

Describe: _____

C. Physical Examination and Evidence Collection:
Specimens are collected throughout the exam process.

BP: ____/____	P: ____	R: ____	T: ____	Height: ____	Weight: ____ <input type="checkbox"/> lb. <input type="checkbox"/> kg
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Airway: ☐ Patent ☐ Other: _____

Breathing: ☐ Regular and Spontaneous **Breath Sounds:** _____ ☐ Other: _____

Circulation: **Mucous Membrane Color:** _____ **Capillary refill:** _____

Skin: ☐ Warm ☐ Dry ☐ Cool ☐ Moist ☐ Other: _____

Neuro: ☐ Alert ☐ Oriented ☐ Other: _____ **Pupils:** ☐ PERL ☐ Unequal **R:** ____ **L:** ____

Head/Face/Mouth:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Comment: _____
Neck:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Comment: _____
Chest/Breasts:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Comment: _____
Abdomen:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Soft Bowel sounds: <input type="checkbox"/> Present <input type="checkbox"/> Absent
Pelvis:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Comment: _____
Upper Extremities:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Comment: _____
Fingernails: (Indicate general description, damage, length, edges, polishes, etc.) _____			
Lower Extremities:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Comment: _____
Back/Buttocks:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Comment: _____

Mons Pubis:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Comment: _____
Labia Majora:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Comment: _____
Labia Minora:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Comment: _____
Clitoral Hood:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Comment: _____
Posterior Fourchette:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Comment: _____
Fossa Navicularis:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Comment: _____
Clitoris:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Comment: _____
Urethral meatus:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Comment: _____
Hymen:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Comment: _____
Vagina:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Comment: _____
Cervix:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Comment: _____
Perineal body:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Comment: _____
Anus:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Comment: _____
Penis:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Comment: _____
Scrotum:	<input type="checkbox"/> No Injury Noted	<input type="checkbox"/> See Injury Log	<input type="checkbox"/> Comment: _____

Examiner's Signature: _____	Title: _____
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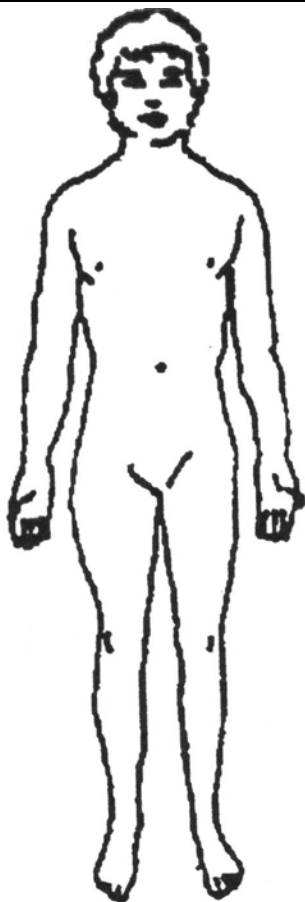
Patient Name: _____

Agency Name: _____

Date of Examination: ____/____/____

Agency Report #: _____

Body Map #1 Shade area of injury and assign number to each injury. Describe each injury on Findings/Injury Log.
If additional space is needed to document injury, copy this sheet prior to use.



Examiner's Signature: _____

Title: _____

Patient Name: _____

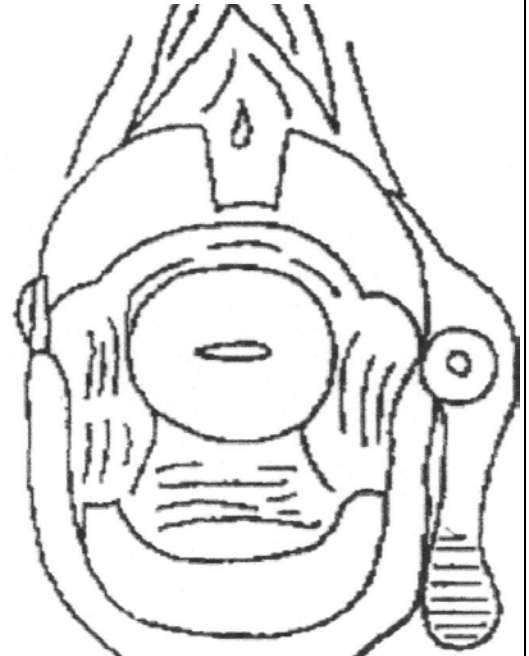
Agency Name: _____

Date of Examination: ____/____/____

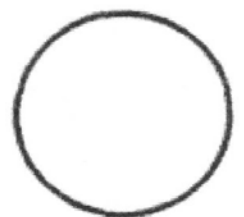
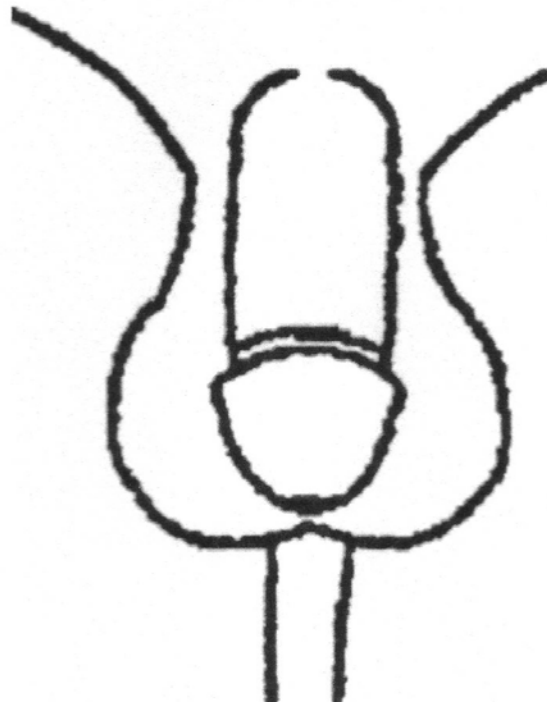
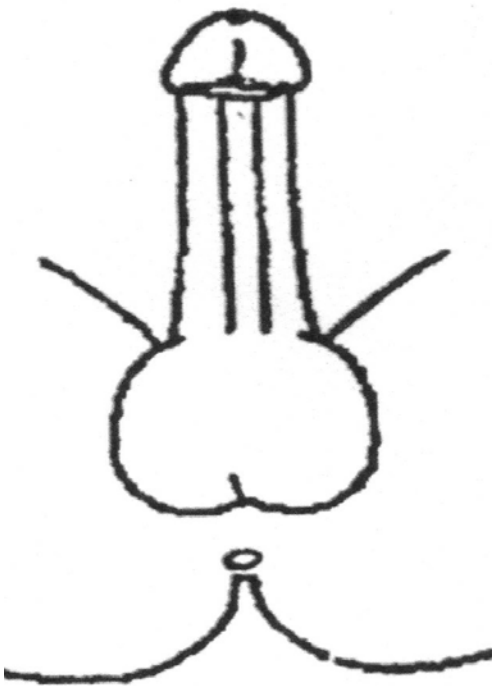
Agency Report #: _____

Body Map #2 Shade area of injury and assign number to each injury. Describe each injury on Findings/Injury Log.

If additional space is needed to document injury, copy this sheet prior to use.



Speculum In Place



Anus

Examiner's Signature: _____

Title: _____

CRIME LABORATORY EVIDENCE

DEBRIS COLLECTION

1. COLLECT ALL DEBRIS (E.G. GRASS, SAND, LOOSE HAIRS, FIBERS, ETC.) FOUND DURING THE GROSS EXAMINATION OF THE PATIENT.
2. PLACE DEBRIS ONTO THE SHEET OF PAPER AND FOLD TO MINIMIZE LOSS. PLACE FOLDED PAPER INTO THIS ENVELOPE.
3. RECORD IN THE SPACE ABOVE THE LOCATION OF THE DEBRIS COLLECTED.
4. **COMPLETELY** SEAL THE TOP AND BOTTOM EDGE OF THIS ENVELOPE WITH CLEAR PACKING TAPE AND INITIAL THE SEAL.
5. PLACE THIS ENVELOPE AND CONTENTS INTO THE SEX CRIME EVIDENCE KIT.

LOCATION: _____

DR# _____

PATIENT'S NAME

MEDICAL RECORD NUMBER

COLLECTED BY

DATE AND TIME

STEP 1

CRIME LABORATORY EVIDENCE

ORAL SWABS

1. USE ONE SWAB TO SWAB THE UPPER GUM LINE, UPPER TEETH, AND PALATE. USE THE OTHER SWAB TO SWAB THE LOWER GUM LINE, LOWER TEETH, AND UNDER THE TONGUE.
2. SMEAR THE SWABS ON ***CENTER*** OF THE ***FROSTED*** SIDE OF THE MICROSCOPE SLIDE CONCENTRATING IN ONE SMALL AREA OF THE SLIDE.
3. PLACE SLIDE IN THE SLIDE HOLDER AND ALLOW TO AIR DRY. PLACE INITIALS, DATE, AND TIME ON THE FROSTED AREA OF THE SLIDE USING ***PENCIL OR PRE-PRINTED LABELS ONLY (no ink)***.
4. ALLOW THE SWABS TO THOROUGHLY DRY, THEN INSERT SWABS INTO BOX AND LABEL THE BOX AS INDICATED. PLACE THE BOX AND SLIDE INTO THIS ENVELOPE.
5. SEAL THE TOP EDGE OF THIS ENVELOPE WITH CLEAR PACKING TAPE OR *HOSPITAL LABEL* AND INITIAL THE SEAL.
6. PLACE THIS ENVELOPE AND CONTENTS INTO THE SEX CRIME EVIDENCE KIT.

DR# _____

PATIENT'S NAME

MEDICAL RECORD NUMBER

COLLECTED BY

DATE AND TIME

STEP 2

CRIME LABORATORY EVIDENCE

BUCCAL SWABS

(BIOLOGICAL STANDARD)

1. COLLECT ***AFTER*** COLLECTING ORAL SWABS (IF INDICATED)
2. WHEN POSSIBLE, HAVE PATIENT RINSE MOUTH WITH WATER PRIOR TO COLLECTING BUCCAL SWABS.
3. USE ONE SWAB AND ***VIGOROUSLY*** SWAB THE INNER SURFACE OF THE CHEEK. REPEAT THE SAME PROCESS WITH THE OTHER SWAB ON THE INNER SURFACE OF THE CHEEK.
4. ALLOW THE SWABS TO THOROUGHLY DRY, THEN INSERT SWABS INTO BOX AND LABEL THE BOX AS INDICATED. PLACE THE BOX INTO THIS ENVELOPE.
5. SEAL THE TOP EDGE OF THIS ENVELOPE WITH CLEAR PACKING TAPE OR *HOSPITAL LABEL* AND INITIAL THE SEAL.
6. PLACE THIS ENVELOPE AND CONTENTS INTO THE SEX CRIME EVIDENCE KIT.

DR# _____

PATIENT'S NAME

MEDICAL RECORD NUMBER

COLLECTED BY

DATE AND TIME

STEP 3

CRIME LABORATORY EVIDENCE

BODY SURFACE

CONTENTS OF ENVELOPE:

1. SWAB ANY DRIED SECRETIONS OR QUESTIONABLE AREAS THAT MAY CONTAIN BIOLOGICAL EVIDENCE.
2. MOISTEN ONE SWAB ***SLIGHTLY*** WITH DISTILLED WATER AND SWAB OVER AREA, CONCENTRATING THE SECRETIONS ON ONE PART OF THE SWAB. FOLLOW OVER THE SAME AREA WITH A DRY SWAB.
3. ALLOW THE SWABS TO THOROUGHLY DRY, THEN INSERT THE SWAB THAT WAS MOISTENED INTO ONE BOX AND LABEL WITH LOCATION AND "WET". INSERT THE SWAB THAT WAS DRY INTO THE OTHER BOX AND LABEL WITH THE LOCATION AND "DRY".
(EXAMPLE: LEFT BREAST - WET; LEFT BREAST - DRY)
4. SEAL THE TOP EDGE OF THIS ENVELOPE WITH CLEAR PACKING TAPE OR *HOSPITAL LABEL* AND INITIAL THE SEAL.
5. PLACE THIS ENVELOPE AND CONTENTS INTO THE SEX CRIME EVIDENCE KIT.

DR# _____

PATIENT'S NAME

MEDICAL RECORD NUMBER

COLLECTED BY

DATE AND TIME

STEP 4

CRIME LABORATORY EVIDENCE

BODY SURFACE

CONTENTS OF ENVELOPE:

1. SWAB ANY DRIED SECRETIONS, FLUORESCENT AREAS, OR QUESTIONABLE AREAS THAT MAY CONTAIN BIOLOGICAL EVIDENCE.
2. MOISTEN ONE SWAB ***SLIGHTLY*** WITH DISTILLED WATER AND SWAB OVER AREA, CONCENTRATING THE SECRETIONS ON ONE PART OF THE SWAB. FOLLOW OVER THE SAME AREA WITH A DRY SWAB.
3. ALLOW THE SWABS TO THOROUGHLY DRY, THEN INSERT THE SWAB THAT WAS MOISTENED INTO ONE BOX AND LABEL WITH LOCATION AND "WET". INSERT THE SWAB THAT WAS DRY INTO THE OTHER BOX AND LABEL WITH THE LOCATION AND "DRY".
(EXAMPLE: LEFT BREAST - WET; LEFT BREAST - DRY)
4. SEAL THE TOP EDGE OF THIS ENVELOPE WITH CLEAR PACKING TAPE OR *HOSPITAL LABEL* AND INITIAL THE SEAL.
5. PLACE THIS ENVELOPE AND CONTENTS INTO THE SEX CRIME EVIDENCE KIT.

NOTE: USE SEPARATE SWABS FOR EACH SPECIMEN COLLECTED AND CLEARLY LABEL ALL SPECIMENS AS TO ORIGIN. FOR FINGERNAILS: USE SLIGHTLY MOISTENED SWAB AND SWAB UNDER FINGERNAILS, USING ONE SWAB PER HAND.

DR# _____

PATIENT'S NAME

MEDICAL RECORD NUMBER

COLLECTED BY

DATE AND TIME

STEP 5

CRIME LABORATORY EVIDENCE

ANAL SWABS

1. USE ONE SWAB AND COLLECT SPECIMEN FROM THE ANAL AREA, AND REPEAT WITH THE SECOND SWAB.
2. SMEAR THE SWABS ON ***CENTER*** OF THE ***FROSTED*** SIDE OF THE MICROSCOPE SLIDE CONCENTRATING IN ONE SMALL AREA OF THE SLIDE.
3. PLACE SLIDE IN THE SLIDE HOLDER AND ALLOW TO AIR DRY. PLACE INITIALS, DATE, AND TIME ON THE FROSTED AREA OF THE SLIDE USING ***PENCIL OR PRE-PRINTED LABELS ONLY (no ink)***.
4. ALLOW THE SWABS TO THOROUGHLY DRY, THEN INSERT SWABS INTO BOX AND LABEL THE BOX AS INDICATED. PLACE THE BOX AND SLIDE INTO THIS ENVELOPE.
5. SEAL THE TOP EDGE OF THIS ENVELOPE WITH CLEAR PACKING TAPE OR *HOSPITAL LABEL* AND INITIAL THE SEAL.
6. PLACE THIS ENVELOPE AND CONTENTS INTO THE SEX CRIME EVIDENCE KIT.

DR# _____

PATIENT'S NAME

MEDICAL RECORD NUMBER

COLLECTED BY

DATE AND TIME

STEP 6

CRIME LABORATORY EVIDENCE

PUBIC HAIR COMBINGS

1. POSITION THE COLLECTION PAPER UNDER THE BUTTOCKS OF PATIENT. COMB PUBIC HAIR TOWARD PAPER TO COLLECT.
2. PLACE THE COMB, HAIR, AND DEBRIS ONTO THE COLLECTION PAPER AND FOLD. PLACE THE FOLDED PAPER IN THIS ENVELOPE.
3. **COMPLETELY** SEAL THE TOP AND BOTTOM EDGES OF THIS ENVELOPE WITH CLEAR PACKING TAPE AND INITIAL THE SEAL.
4. PLACE THIS ENVELOPE AND CONTENTS INTO THE SEX CRIME EVIDENCE KIT.

DR# _____

PATIENT'S NAME

MEDICAL RECORD NUMBER

COLLECTED BY

DATE AND TIME

STEP 7

CRIME LABORATORY EVIDENCE

EXTERNAL GENITAL SWABS

1. USE FOUR SWABS AND COLLECT FOUR SPECIMENS FROM THE EXTERNAL GENITAL AREA. (VULVA or PENIS)
2. ALLOW THE SWABS TO THOROUGHLY DRY, THEN INSERT TWO SWABS INTO EACH BOX AND LABEL THE BOXES AS INDICATED. PLACE THE BOXES INTO THIS ENVELOPE.
3. SEAL THE TOP EDGE OF THIS ENVELOPE WITH CLEAR PACKING TAPE OR *HOSPITAL LABEL* AND INITIAL THE SEAL.
4. PLACE THIS ENVELOPE AND CONTENTS INTO THE SEX CRIME EVIDENCE KIT.

DR# _____

PATIENT'S NAME

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DATE AND TIME

STEP 8

CRIME LABORATORY EVIDENCE

VAGINAL SWABS

1. USE FOUR SWABS AND COLLECT FOUR **SEPARATE** SPECIMENS FROM DEEP VAGINAL AREA.
2. SMEAR THE SWABS ON **CENTER** OF THE **FROSTED** SIDE OF THE MICROSCOPE SLIDE.
3. PLACE SLIDE IN THE SLIDE HOLDER AND ALLOW TO AIR DRY. PLACE INITIALS, DATE, AND TIME ON THE FROSTED AREA OF THE SLIDE USING **PENCIL OR PRE-PRINTED LABELS ONLY (no ink)**.
4. ALLOW THE SWABS TO THOROUGHLY DRY, THEN INSERT TWO SWABS INTO EACH BOX AND LABEL THE BOXES AS INDICATED. PLACE THE BOXES AND SLIDE HOLDER INTO THIS ENVELOPE.
5. SEAL THE TOP EDGE OF THIS ENVELOPE WITH CLEAR PACKING TAPE OR *HOSPITAL LABEL* AND INITIAL THE SEAL.
6. PLACE THIS ENVELOPE AND CONTENTS INTO THE SEX CRIME EVIDENCE KIT.

DR# _____

PATIENT'S NAME

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COLLECTED BY

DATE AND TIME

STEP 9

CRIME LABORATORY EVIDENCE

VAGINAL ASPIRATE

1. USE 5 CC OF STERILE SALINE FOR VAGINAL LAVAGE.
2. PLACE THE ASPIRATE INTO THE ENCLOSED TEST TUBE AND SECURE THE CAP **TIGHTLY** ON THE ASPIRATE TEST TUBE.
3. IF WET MOUNT IS PREPARED, RETURN THE SLIDE TO THE SLIDE HOLDER AND PLACE IN THIS ENVELOPE. PLACE INITIALS, DATE, AND TIME ON THE FROSTED AREA OF THE SLIDE USING **PENCIL OR PRE-PRINTED LABELS ONLY (no ink)**.
4. LABEL THE **TEST TUBE** WITH THE PATIENT NAME, DATE AND TIME OF COLLECTION, AND THE INITIALS OF THE PERSON COLLECTING THE ASPIRATE. PLACE THE TUBE IN THE ENCLOSED PLASTIC BAG. PLACE THE PLASTIC BAG INTO THIS ENVELOPE.
5. SEAL THE TOP EDGE OF THIS ENVELOPE WITH CLEAR PACKING TAPE OR *HOSPITAL LABEL* AND INITIAL. THE SEAL.
6. PLACE THIS ENVELOPE AND CONTENTS INTO THE SEX CRIME EVIDENCE KIT.

DR# _____

PATIENT'S NAME

MEDICAL RECORD NUMBER

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DATE AND TIME

STEP 10

CRIME LABORATORY EVIDENCE

**REFRIGERATE
(DO NOT FREEZE)**

**KNOWN BLOOD SAMPLE
(BIOLOGICAL STANDARD)**

1. COLLECT APPROXIMATELY 3 ML OF BLOOD IN THE PROVIDED VACUTAINER.
2. ***LABEL THE BLOOD TUBE*** WITH PATIENT NAME, DATE AND TIME OF COLLECTION, AND NAME OF PERSON COLLECTING THE SAMPLE.
3. PLACE THE VACUTAINER IN THE ENCLOSED PLASTIC TUBE TO PREVENT BREAKAGE. PLACE THE PLASTIC TUBE IN THIS ENVELOPE.
4. **SEAL THE TOP EDGE OF THIS ENVELOPE WITH CLEAR PACKING TAPE AND INITIAL, DATE, AND TIME THE SEAL.**
 - ☐ THE BUCCAL SWAB SAMPLE MAY BE SUBSTITUTED FOR THE KNOWN BLOOD SAMPLE WHEN INVOLVING A CHILD
 - ☐ **KEEP THIS ENVELOPE SEPARATE FROM THE SEX CRIME EVIDENCE KIT (DO NOT SEAL INSIDE THE BAG)**

DR# _____

PATIENT'S NAME

MEDICAL RECORD NUMBER

COLLECTED BY

DATE AND TIME

STEP 11

LABORATORY EVIDENCE

UNDERWEAR

DR# _____

PATIENT'S NAME

MEDICAL RECORD NUMBER

COLLECTED BY

DATE AND TIME

STEP 12

LABORATORY EVIDENCE

BRA

DR# _____

PATIENT'S NAME

MEDICAL RECORD NUMBER

COLLECTED BY

DATE AND TIME

STEP 13

STATE OF ARIZONA

BIOLOGICAL STANDARDS AND EVIDENCE COLLECTION KIT

To obtain the best results from an evaluation of this evidence, a brief summary of the incident *MUST* be submitted with the evidence and the "Laboratory Analysis Request Form" form.

PERSON COLLECTING EVIDENCE (INVESTIGATING OFFICER / FORENSIC EXAMINER)- - -
PLEASE COMPLETE THE FOLLOWING:

AGENCY	CITY	COUNTY	AGENCY REPORT NUMBER
SUBJECT NAME			DATE OF BIRTH (mm/dd/yy)
LAST	FIRST	MIDDLE INITIAL	
DATE OF COLLECTION (mm/dd/yy)		FACILITY WHERE COLLECTED:	
TIME OF COLLECTION (24 hour clock)			
INVESTIGATING OFFICER NAME :			ID NUMBER
LAST	FIRST	MIDDLE INITIAL	

EVIDENCE COLLECTION AND SEALING: TO BE COMPLETED BY FORENSIC EXAMINER OR PHYSICIAN. Collect the following items as needed. Check if collected.

<input type="checkbox"/> Step 1 Debris Collection (describe)	<input type="checkbox"/> Step 6 Public hair combings	LIST ALL CLOTHING COLLECTED:
<input type="checkbox"/> Step 2 Buccal Swabs	<input type="checkbox"/> Step 7 Public hair pullings	
<input type="checkbox"/> Step 3 Head hair combings	<input type="checkbox"/> Step 8 External Genital Swabs	
<input type="checkbox"/> Step 4 Head hair pullings	<input type="checkbox"/> Step 9 Blood: <input type="checkbox"/> purple <input type="checkbox"/> gray	
<input type="checkbox"/> Step 5 Body Surface Swabs (site:)	<input type="checkbox"/> Step 10 Underwear	
<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Changing sheet

1. If clothing is collected, have the person undress over a clean sheet. This sheet should be carefully folded and placed into a paper bag. Fold the top edge down twice and seal the entire edge with clear packing tape or evidence tape. Label the bag "Changing Sheet" and label the seal with the date, time, and initials of the person collecting. Include this bag as part of the evidence, but keep separate from the kit.

2. All pieces of clothing should be placed individually into paper bags. Bags for undergarments are included in this kit. The bags should be labeled with the contents. Fold the top edge down twice and seal the entire edge with clear packing tape or evidence tape. Label the seal with the date, time, and initials of the person collecting. Include this bag as part of the evidence, but keep separate from the kit.

NOTE: Expiration date applies to the Blood Collection Tube and Swabs. If expired, REPLACE with the same type of tube or swabs from hospital stock.

3. Refer to the enclosed envelopes for "STEP-BY-STEP" INSTRUCTIONS. Collect if indicated.

ALL SWABS MUST BE DRIED IMMEDIATELY AFTER COLLECTION. Preferred drying method is using a swab drying box.

4. Envelope Sealing Instructions: **DO NOT MOISTEN FLAPS TO SEAL**

c. Place samples in appropriate envelope. Seal each individual envelope with clear packing tape, evidence tape OR HOSPITAL LABEL (not scotch tape). **NOTE SPECIFIC SEALING INSTRUCTIONS ON DEBRIS, PUBIC HAIR, HEAD HAIR AND BLOOD ENVELOPES.**

d. Person sealing the envelopes should place their initials on the tape or label seal.

CHAIN OF CUSTODY:

FROM NAME:	TO NAME:	DATE:	TIME:

☐ Kit seal was intact prior to use: _____ (Initials)

☐ Swabs and evidence dried by _____ on (date) ____/____/____ at (time) _____

CRIME LABORATORY EVIDENCE

**REFRIGERATE
(DO NOT FREEZE)**

**KNOWN BLOOD SAMPLE
(BIOLOGICAL STANDARD)**

1. Collect approximately 5 ml of blood in the provided vacutainer.
2. ***Label the blood tube*** with patient name, date and time of collection, and name of person collecting the sample.
3. Place the vacutainer in the enclosed plastic tube to prevent breakage. Place the plastic tube in this envelope.
4. **Seal the top edge of this envelope with clear packing tape or evidence tape and initial, date, and time the seal.**
 - ☐ THE BUCCAL SWAB SAMPLE MAY BE SUBSTITUTED FOR THE KNOWN BLOOD SAMPLE WHEN INVOLVING A CHILD
 - ☐ **KEEP THIS ENVELOPE SEPARATE FROM THE SEX CRIME EVIDENCE KIT
(DO NOT SEAL INSIDE WITH OTHER EVIDENCE)**

DR# _____

PATIENT'S NAME

MEDICAL RECORD NUMBER

COLLECTED BY

DATE AND TIME

STEP 9

CRIME LABORATORY EVIDENCE

DEBRIS COLLECTION

LOCATION FOUND / DESCRIPTION: _____

4. Collect all debris (e.g. grass, sand, loose hairs, fibers, etc.) Found during the gross examination of the patient.

NOTE: THIS ENVELOPE MAY ALSO BE USED TO COLLECT A TAMPON, SANITARY NAPKIN, OR FOREIGN BODY.

5. Place debris/item onto the sheet of paper and fold to minimize loss. Place folded paper into this envelope.
6. Record in the space below the location of the debris collected.
5. **COMPLETELY SEAL THE TOP AND BOTTOM EDGE OF THIS ENVELOPE WITH CLEAR PACKING TAPE OR EVIDENCE TAPE AND INITIAL THE SEAL.**
6. Place this envelope and contents into the sex crime evidence kit.

DR# _____

PATIENT'S NAME

MEDICAL RECORD NUMBER

COLLECTED BY

DATE AND TIME

STEP 1

CRIME LABORATORY EVIDENCE

BUCCAL SWABS

(BIOLOGICAL STANDARD)

7. Collect ***AFTER*** collecting oral swabs if oral swab collection is indicated.
8. When possible, **have patient rinse mouth with water prior to collecting buccal swabs. If the patient reports or the examiner suspects oral-genial contact, the mouth **MUST** be rinsed prior to collection of buccal swabs.** If this is not possible, use blood sample as biological standard
9. Use one swab and ***VIGOROUSLY*** swab the inner surface of the cheek. Repeat the same process with the other swab on the inner surface of the cheek. Rotate the swab as much as possible to distribute sample over entire swab.
10. **Allow the swabs to thoroughly dry**, then insert swabs into box and label the box as indicated. Place the box into this envelope.
11. Seal the top edge of this envelope with clear packing tape, evidence tape or *hospital label* and initial the seal.
12. Place this envelope and contents into the sex crime evidence kit.

DR# _____

PATIENT'S NAME

MEDICAL RECORD NUMBER

COLLECTED BY

DATE AND TIME

STEP 2

CRIME LABORATORY EVIDENCE

HEAD HAIR COMBINGS

3. Position the collection paper below the hair of client. Comb head hair toward paper to collect.
4. Place the comb, hair, and debris onto the collection paper and fold. Place the folded paper in this envelope.
5. ***Completely*** seal the top and bottom edges of this envelope with clear packing tape or evidence tape and initial the seal.
6. Place this envelope and contents into the sex crime evidence kit.

DR# _____

PATIENT'S NAME

MEDICAL RECORD NUMBER

COLLECTED BY

DATE AND TIME

STEP 3

CRIME LABORATORY EVIDENCE

HEAD HAIR PULLINGS

1. Position the collection paper below the hair of client. Pull, obtaining the root, approximately 5-10 hairs from the following areas: top of the head, left side of the head, right side of the head, and back of the head
2. Place the hair onto the collection paper and fold. Place the folded paper in this envelope.
3. **Completely** seal the top and bottom edges of this envelope with clear packing tape or evidence tape and initial the seal.
4. Place this envelope and contents into the sex crime evidence kit.

DR# _____

PATIENT'S NAME

MEDICAL RECORD NUMBER

COLLECTED BY

DATE AND TIME

STEP 4

CRIME LABORATORY EVIDENCE

BODY SURFACE

INDICATE LOCATION ON BODY WHERE SWABS WERE OBTAINED:

1. Swab any dried secretions or questionable areas (such as fluorescent or where patient reports kissing, licking sucking, or biting) that may contain biological evidence.
2. Moisten one swab **SLIGHTLY** with distilled or sterile water and swab gently over area. Follow over the same area with a dry swab. Rotate the swabs as much as possible to distribute sample over entire swab.
3. **Allow the swabs to thoroughly dry**, then insert the swabs from a single location into one box. Label the box indicating the location of the swabs and indicate contents include wet and dry swabs.
4. (example: left breast – wet and dry swabs)
5. Seal the top edge of this envelope with clear packing tape, evidence tape or *hospital label* and initial the seal.
6. Place this envelope and contents into the sex crime evidence kit.

NOTE: USE SEPARATE SWABS FOR EACH SPECIMEN COLLECTED AND CLEARLY LABEL ALL SPECIMENS AS TO ORIGIN. FOR FINGERNAILS: USE SLIGHTLY MOISTENED SWAB AND SWAB UNDER FINGERNAILS, USING ONE SWAB PER HAND. EACH FINGERNAIL SWAB IS PLACED IN A SEPARATE BOX.

DR# _____

PATIENT'S NAME

MEDICAL RECORD NUMBER

COLLECTED BY

DATE AND TIME

STEP 5

CRIME LABORATORY EVIDENCE

PUBIC HAIR COMBINGS

1. Position the collection paper under the buttocks or below the genital area of client. Comb pubic hair toward paper to collect.
2. Place the comb, hair, and debris onto the collection paper and fold. Place the folded paper in this envelope.
3. ***Completely*** seal the top and bottom edges of this envelope with clear packing tape or evidence tape and initial the seal.
4. Place this envelope and contents into the sex crime evidence kit.

DR# _____

PATIENT'S NAME

MEDICAL RECORD NUMBER

COLLECTED BY

DATE AND TIME

STEP 6

CRIME LABORATORY EVIDENCE

PUBIC HAIR PULLINGS

1. Position the collection paper below under the buttocks or below the genital area of client. Pull, obtaining the root, approximately 5-10 hairs from the following areas: mons pubis, left side of genital area, right side of genital area, lower genital area.
2. Place the hair onto the collection paper and fold. Place the folded paper in this envelope.
3. **Completely** seal the top and bottom edges of this envelope with clear packing tape or evidence tape and initial the seal.
4. Place this envelope and contents into the sex crime evidence kit.

DR# _____

PATIENT'S NAME

MEDICAL RECORD NUMBER

COLLECTED BY

DATE AND TIME

STEP 7

CRIME LABORATORY EVIDENCE

EXTERNAL GENITAL SWABS

5. Use four or six swabs and collect four specimens from the external genital area. (vulva or penis) Rotate the swab as much as possible to distribute sample over entire swab.
 - For female clients, swab the entire vulva, including the external labia majora
 - For male clients: three sets of moistened and dry swabs
 - Set 1 Use a slightly moistened swab followed by a dry swab for the prepuce and coronal ridge of the penis
 - Set 2 Use a slightly moistened swab followed by a dry swab for the shaft of the penis
 - Set 3 Use a slightly moistened swab followed by a dry swab for the base of the penis and scrotum
6. **Allow the swabs to thoroughly dry**, then insert each SET of swabs into a each box and label the boxes as indicated. Place the boxes into this envelope.
7. Seal the top edge of this envelope with clear packing tape, evidence tape or *hospital label* and initial the seal.
8. Place this envelope and contents into the sex crime EVIDENCE KIT.

DR# _____

PATIENT'S NAME

MEDICAL RECORD NUMBER

COLLECTED BY

DATE AND TIME

STEP 8

CRIME LABORATORY EVIDENCE

UNDERWEAR

COLLECT UNDERPANTS IF ASSAULT OCCURRED WITHIN 120 HOURS, EVEN IF THE PATIENT HAS CHANGED CLOTHING OR SHOWERED.

INDICATE CONTENTS:

☐ UNDERPANTS

☐ _____

DR# _____

PATIENT'S NAME

MEDICAL RECORD NUMBER

COLLECTED BY

DATE AND TIME

STEP 10